

APR 12 2005

FACSIMILE COVER SHEET

SALIWANCHIK, LLOYD & SALIWANCHIK

A Professional Association

P.O. Box 142950

Gainesville, FL 32614-2950

Telephone (352) 375-8100
Facsimile (352) 372-5800

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named below. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message by mail. Thank you.

TO: Examiner Susan Marie Hanley
U.S. Patent Office, Examining Group 1651**FAX NO.:** (703) 872-9306**FROM:** Doran R. Pace**DATE:** April 12, 2005**NO. OF PAGES (INCLUDING COVER SHEET):** 5**SUBJECT/MESSAGE:**

Re: U.S. Patent Application Docket No. GJE-81
OPTICAL MICROSCOPY AND ITS USE IN THE STUDY OF CELLS
(Korchev, Klenerman, Lab)
Serial No. 10/030,868; filed October 18, 2001

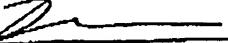
Attachment: Request for Refund (4 pages, including attachments)

**OFFICIAL COMMUNICATION
PLEASE DELIVER TO EXAMINER HANLEY
IMMEDIATELY**

If you do not receive all pages or if any transmission is not legible, call the sender at (352)375-8100.

H:\doc\fax\Examiner-main.doc/DNB/s1

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 12, 2005.


Doran R. Pace, Patent Attorney

REQUEST FOR REFUND
Examining Group 1651
Patent Application
Docket No. GJE-81
Serial No. 10/030,868

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Susan Marie Hanley
Art Unit : 1651
Applicants : Yuri Evgenievich Korchev, David Klenerman, Max Joseph Lab
Serial No. : 10/030,868
Filed : October 18, 2001
Conf. No. : 8909
For : Optical Microscopy and its Use in the Study of Cells

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND BASED ON IMPROPER CLAIM CALCULATION

Sir:

Applicants respectfully request a refund in the above-referenced patent application for the following reason:

Applicants respectfully assert that a total of 35 claims were presented when the subject application was filed. In addition, in Applicants' Amendment dated August 23, 2004, a total of 33 claims remained after amendment. As noted on the attached Patent Application Fee Determination Record, this information is correct.

However, on February 16, 2005, Applicants submitted by facsimile transmission an Amendment Under 37 CFR §1.116 with a total of 35 claims (claims 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 52, 53, and 54). Applicants note in the February 16 Amendment that claims 53 and 54 were newly added. On March 23, 2005, the undersigned's Deposit Account No. 19-0065 was charged \$50.00 (control number 4) for an extra claim fee, a copy of which is attached. Applicants respectfully assert that the Patent Application Determination Record (copy attached hereto), Amendment B, is incorrect in the

H:\doc\pro\Misc\GJE-81.req.refund.doc\DNB\sl

Docket No. GJE-91
Serial No. 10/030,868

recitation that 36 claims remain after amendment. Because the highest number of claims previously paid for and the claims remaining after amendment is 35, Applicants respectfully assert that the undersigned representative's Deposit Account should not have been charged for the one (1) extra total claims fee.

Applicants respectfully request that the Patent Application Fee Determination Record be reviewed based on improper claim calculations. The undersigned respectfully requests a refund in the amount of \$50.00 to Deposit Account No. 19-0065.

Respectfully submitted,



Doran R. Pace
Patent Attorney
Registration No. 38,261
Phone No.: 352-375-8100
Fax No.: 352-372-5800
Address: P.O. Box 142950
Gainesville, FL 32614-2950

DRP/sl

Attachments: Copy of Deposit Account statement; copy of Patent Application Fee Determination Record



**United States
Patent and
Trademark Office**

Requested
Statement Month: Mar-05
Deposit Account
Number: 190065

Name: SALIWANCHIK, LLOYD &
SALIWANCHIK
Attention:
Address: PO BOX 142950
City: GAINESVILLE
State: FL
Zip: 32614

Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT
23-Mar	4	10030868	GJE-81	1202	\$50.00

PATENT APPLICATION FEE DETERMINATION RECORD
Effective Oct 1, 2001

Application or Docket Number

10/030868

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	15	
INDEPENDENT CLAIMS	3 minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

8/26/04 CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	33	Minus	35	1
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	445	OR BASIC FEE	890
X\$ 0=		OR X\$18=	270
X42=		OR X80=	
+140=		OR +270=	
TOTAL		OR TOTAL	1150

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	35	1
Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=		OR XS18=	50
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	50

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		
Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
XS 9=		OR XS18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

If the entry in column 1 is less than the entry in column 2, enter "0" in column 1.
 If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" in Independent is the highest number found in the appropriate box in column 1.